



APPLICATION FOR LIVESTOCK DEALER LICENSE

State Form 18496 (R4 / 11-96)

Approved by State Board of Accounts, 1996

Return to:

INDIANA STATE BOARD OF ANIMAL HEALTH

805 Beachway Drive, Suite 50
Indianapolis, Indiana 46224-7785
(317) 227-0345

INSTRUCTIONS: • Use ink or type all information.

- Every dealer is required to be licensed under this act as required by Indiana Code 15-2.1 and shall keep such records, accounts and memoranda as shall fully and correctly disclose all purchases, sales or transfers involving livestock transactions consummated in connection with his business.

Name of person, firm or corporation				Social Security number or tax identification number *		Date of birth (if an individual)		
Address where business will be conducted (street, city, state, ZIP code)						Telephone number ()		
Name of contact person within the organization (if different than above)						County of address where business will be conducted		
Principal address of contact person (if different than above) (number and street, city, state, ZIP code)						Amount of fee paid \$		
Nature of business enterprise <input type="checkbox"/> Stockyards <input type="checkbox"/> Packer <input type="checkbox"/> Auction market <input type="checkbox"/> Concentration point <input type="checkbox"/> Order buyer				<input type="checkbox"/> Individual dealer <input type="checkbox"/> Packer buying station		<input type="checkbox"/> New application <input type="checkbox"/> Renewal		
Business status of firm <input type="checkbox"/> Individual <input type="checkbox"/> Limited Liability Company		<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Partnership		Is the area where business will be conducted zoned for such business? <input type="checkbox"/> Yes <input type="checkbox"/> No		If a new application or a change of ownership, send a copy of approval / contract from government agency that granted zoning approval / contract for location of business.		
Have you ever been convicted of having committed a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you registered and bonded with USDA-P&SA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you / your agents now under any suspension or other disciplinary order issued by the Secretary of Agriculture of the U.S. pursuant to the Packers and Stock Yards Act (7 U.S.C.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Amount paid for livestock purchased in Indiana during previous calendar year. \$		Amount received for consigned livestock sold on commission during previous calendar year \$		Are scales maintained in Indiana and utilized in weighing of livestock purchased or sold in Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Number of head purchased during the previous calendar year at this facility, or number of head purchased covered by this license.								
Hogs	Cattle	Horses/Mules	Sheep/Goats	Deer	Llama	Buffalo	Ostrich/Emu	All Other
Number of head of consigned livestock sold on commission during previous calendar year.								
Hogs	Cattle	Horses/Mules	Sheep/Goats	Deer	Llama	Buffalo	Ostrich/Emu	All Other
If business is to be transacted by a manager, supervisor or resident agent other than the corporate officer as shown above, indicate full name, title and complete address.								
1. Name				Social Security number *				
Home Address				Date of birth				
List full names and complete addresses of all persons who will act as agents or representatives in the actual buying or selling (attach separate sheet if necessary).								
1. Name				Social Security number *				
Home Address				Date of birth				
2. Name				Social Security number *				
Home Address				Date of birth				
3. Name				Social Security number *				
Home Address				Date of birth				
NOTARY CERTIFICATE								
STATE OF _____								
COUNTY OF _____								
SS:								
The undersigned, being duly sworn upon his oath, states or affirms that he is the applicant (or duly authorized representative of the applicant herein named, to make this affidavit) and that he has read the foregoing statements and that to the best of his knowledge and belief they are true and correct and that he will comply with all laws and regulations of the Board of Animal Health pertaining to his business.								
Signature of applicant		Date signed (mo., day, yr.)		Signature of Notary Public		Date commission expires		
Signature of applicant's representative		Date signed (mo., day, yr.)		Printed or typed name of Notary Public				
Date subscribed and sworn To (Notary Public)				County of residence				
* Your Social Security number is being requested by this state agency in order to pursue it's statutory responsibilities. Disclosure is voluntary and you will not be penalized for refusal.								